

MAR 07 2006

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Chang, Audrey Y.
Firm: U.S. Patent and Trademark Office
Art Unit 2872
Facsimile: (571) 273-8300
From: Thomas F. Presson
Date: March 7, 2006
Re: FLH Ref No.: 450100-04890
Serial No: 10/763,651

Number of Pages: 12
(including cover page)

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00316073

PATENT
450100-04890IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Koichi Yoshikawa, et al.
 Serial No. : 10/763,651
 Filed : January 23, 2004
 For : STEREOSCOPIC IMAGE DISPLAY APPARATUS
 Examiner : Chang, Audrey Y.
 Art Unit : 2872

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MAR 07 2006

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

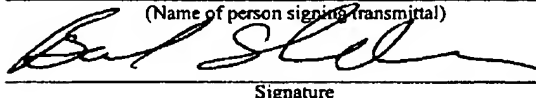
| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims | 8 | Minus | ** = 20 | * 0 x | \$50 (25) | = \$ 0 |
| Independent claims | 2 | Minus | *** = 4 | * 0 x | \$200 (100) | = \$ 0 |
| Total additional fee for this amendment | | | | | | \$ 0 |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims x petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on March 7, 2006.

Barnet Shindlman
(Name of person signing transmittal)

Signature

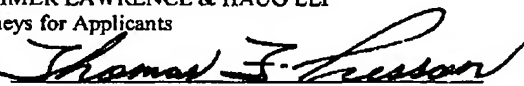
March 7, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Thomas F. Presson
Reg. No. 41, 442

00347404

U.S. Application No. 10/763,651
Reply to Office Action dated December 8, 2005

MAR 07 2006

PATENT
450100-04890

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Koichi Yoshikawa, et al.
Serial No. : 10/763,651
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Filed : January 23, 2004
Examiner : Chang, Audrey Y.
Art Unit : 2872
Confirmation No : 8556

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Barnet Shindlman

(Name of person signing transmittal)



Signature

March 7, 2006

Date of Signature

AMENDMENT UNDER 37 C.F.R. §1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Non-final Office Action mailed December 8, 2005, having a
three-month statutory period for response set to expire on March 8, 2005. Please amend the
above-identified application as follows.

U.S. Application No. 10/763,651
Reply to Office Action dated December 8, 2005

PATENT
450100-04890

Amendments to the Claims are reflected in the listing of claims which begins on
page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.